## **STATEMENT OF**

FORM 1	ORGANIZ (See instructi			Office use only
1. NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, ty over the lines	ne 12FE4M5	Office use utily
Kennametal Ir	nc. Employees for Effective Gov	ernment		
ADDRESS (number and	street) 1600 Technology W	/ay		
(Check if address is changed)	;			
	Latrobe		PA	15650
		CITY	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one	e-mail address)		
(Check if address is changed)	joy.chandler@kenn	ametal.com		
COMMITTEE'S WER	PAGE ADDRESS (URL)			
(Check if address is changed)	· · · · · · · · · · · · · · · · · · ·			
2. DATE 0 8				
3. FEC IDENTIFICA	TION NUMBER	C C00409938		
4. IS THIS STATEM	MENT NEW (N) OR	X AMENDED	(A)	
I certify that I have exam	ined this Statement and to the best of my kr	nowledge and belief it is true, co	orrect and complete	
	Treasurer Joy E Chandler			
Type or Print Name of	reasurer			
Signature of Treasurer	Electronically Filed by Joy E Ch	andler	Date 0 8	02 2011
NOTE: Submission of fa	lse, erroneous, or incomplete information m		·	
Office Use Only		For further information Comments Federal Election Comments Federal Election Comments Federal Electron Comments Federal Ele	commission -9530	FEC FORM 1 (Revised 02/2009)